



Louisiana Department of Health and Hospitals  
ACCESS TO RECORDS REQUEST FORM



Name:	Request Date:
Mailing Address:	Date of Birth:
City/State/Zip:	Medicaid ID# or Soc. Sec.#:

**See Reverse for Your Rights to Access Health Information**

I want to access, inspect and obtain information about my health information as marked below:

- ☐ I would like to Review my record.
- ☐ I would like a Copy of my record. (From: \_\_\_\_\_ To: \_\_\_\_\_)
- ☐ I would like a Summary of my record. (From: \_\_\_\_\_ To: \_\_\_\_\_)

I acknowledge that I have read both page 1 and 2 of this form.

_____ Signature of Individual or Personal Representative authorized by law	_____ Date
_____ Signature of witness ( If signed with an "X" or mark)	_____ Date

**For DHH Use Only**

Date received: \_\_\_\_\_ ☐ Accepted ☐ Denied ☐ Delayed

If **denied**, mark the reason for denial:

- ☐ PHI was not created by this office/facility ☐ PHI is not part of the designated record set
- ☐ PHI is not available to the patient for inspection ☐ Other: Specify \_\_\_\_\_  
(e.g., psychotherapy notes)

**Comments:**

\_\_\_\_\_  
Signature & Title of Agency Representative

\_\_\_\_\_  
Date

## **Your Rights to Access Health Information**

- ✓ You have a right to request access, look at or get information about yourself that is in our records. You can receive a summary or a copy of your records. There may be a fee.
- ✓ Your request may be denied if professionals involved in your case believe that access to your information could be harmful to you or others.
- ✓ You may be denied access to information that the Department of Health and Hospitals received from a medical provider under the promise of confidentiality.
- ✓ Your request will be approved or denied within a reasonable time. You will receive an answer to your request within 30 days if the information is on-site and 60 days if the information is located off-site. If there are delays in getting you the answer, you will receive a written notice stating the reason for the delay. The delay will be no more than 30 days.
- ✓ You will get an answer in writing which will include the reason for the decision.

### **Your Right to File a Privacy Complaint**

You may contact the Privacy Office listed below if you want to file a complaint or to report a problem about how DHH has used or disclosed information about you. Your benefits will not be affected by any complaints you make. DHH cannot punish or retaliate against you for filing a complaint, cooperating in any investigation, or refusing to agree to something that you believe to be unlawful. Your Privacy office contact is:

State of Louisiana  
Department of Health and Hospitals  
Office of Secretary  
Privacy Office  
P O Box 629  
Baton Rouge LA 70821-0629  
Email: [privacy-dhh@la.gov](mailto:privacy-dhh@la.gov)